

2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

21208.1292--4/25/2012

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212081292

1. CORPORATION NAME:
M.CAM FINANCIAL, INC.

DUE DATE: 06/30/12

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: DIR.
DAVID E MARTIN

SCC ID NO.: 0678554-7

210 RIDGE MCINTIRE RD STE 300

5. STOCK INFORMATION

CHARLOTTESVILLE, VA 22903
3. CITY OR COUNTY OF VA REGISTERED OFFICE:
203-CHARLOTTESVILLE CITY

CLASS	AUTHORIZED
COMMON	25,000

4. STATE OR COUNTRY OF INCORPORATION:
VA-VIRGINIA

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the enclosed instructions. Type or print in black only.

6. PRINCIPAL OFFICE ADDRESS:

<input checked="" type="checkbox"/> Mark this box if address shown below is correct	If the block to the left is blank or contains incorrect data please add or correct the address below.
ADDRESS: 210 RIDGE MCINTIRE ROAD STE 300 CITY/ST/ZIP CHARLOTTESVILLE, VA 22903	ADDRESS: CITY/ST/ZIP

7. DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed.
An individual may be designated as both a director and an officer.

Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: COLLEEN C MARTIN TITLE: TREASURER ADDRESS: 210 RIDGE MCINTIRE RD STE 300 CITY/ST/ZIP: CHARLOTTESVILLE, VA 22903	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:

I affirm that the information contained in this report is accurate and complete as of the date below.

Colleen C Martin
SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

Colleen C. Martin Treasurer 4/19/2012
PRINTED NAME AND CORPORATE TITLE DATE

It is a Class 1 misdemeanor for any person to sign a document that is false in any material respect with intent that the document be delivered to the Commission for filing.

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7. DIRECTORS AND PRINCIPAL OFFICERS (continued):

Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input checked="" type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input checked="" type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: DAVID E. MARTIN TITLE: OFFICER ADDRESS: 210 RIDGE MCINTIRE ROAD SUITE 300 CITY/ST/ZIP: CHARLOTTESVILLE, VA 22903	OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: David E. Martin TITLE: CHAIRMAN ADDRESS: 210 RIDGE MCINTIRE RD. STE 300 CITY/ST/ZIP: CHARLOTTESVILLE, VA 22903
Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: DAVID J PRATT TITLE: OFFICER ADDRESS: 210 RIDGE MCINTIRE ROAD SUITE 300 CITY/ST/ZIP: CHARLOTTESVILLE, VA 22903	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:
Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: LAMMOT DUPONT COPELAND JR TITLE: DIRECTOR ADDRESS: 100 ROGERS ROAD CITY/ST/ZIP: WILMINGTON, DE 19801	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:
Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: CHARLES WAY TITLE: DIRECTOR ADDRESS: 12 NORTH JERSEY LANE CITY/ST/ZIP: WAYNE, NJ 07470	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP: